

Contract for Patients Covered by Medicare

I, _____, understand that Dr. Michael Brown, MD has opted out of Medicare. I understand that, due to this, Medicare limits do not apply to the cost of services furnished at the Maryland Anxiety and Depression Treatment Center.

I also understand that Medicare will not reimburse for any services furnished by Dr. Brown, including services that would have been covered by Medicare if Dr. Brown was a participating provider. I further understand that Medigap plans do not cover these services, and that other supplemental insurance plans may elect not to cover services that would otherwise have been covered by Medicare.

I understand that I have the right to seek another provider who has not opted out of Medicare and to receive services from that provider instead of Dr. Brown.

I agree not to submit a claim to Medicare for any services provided by Dr. Brown or to ask Dr. Brown to submit a claim to Medicare for such services.

I will receive or have received a copy of this contract before services are furnished to me under the terms of this contract. Dr. Brown Will retain the original contract, with copies of original signatures of both parties, for the duration of the opt-out period

Signature of Patient or Patient Representative

Date

Name of Patient or Patient Representative (print)

Signature of Provider

Date

Name of Provider (print)